



FORM  
ORG  
(Rev 5/2012)



**HAWAII STATE ETHICS COMMISSION  
ORGANIZATION'S EXPENDITURES AND CONTRIBUTIONS REPORT**

13 MAY 23 AM 8:26

REPORT YEAR: 2013

☐ Amended Statement

For Lobbying Reporting Period: ☐ January 1 - last day of February

☒ March 1 - April 30

STATE OF HAWAII  
ETHICS COMMISSION  
May 1 - December 31

**ORGANIZATION INFORMATION**

Hawaii Medical Service Association  
Organization Name  
P.O. Box 860

Mike Gold  
Contact Person

Mailing Address (Number and Street or P.O. Box)

Honolulu

HI

96808

City

State

Zip Code

948-5498

mike\_gold@hmsa.com

Telephone

Extension

Email Address

**PART I. TOTAL EXPENDITURES**

	Total Amount
1 Preparation & Distribution of Lobbying Materials	1
2 Media Advertising	2
3 Postage	3
4 Compensation Paid to Lobbyists <i>(Attached Additional Sheets As Needed)</i> <i>List the names of all lobbyists and compensation paid to lobbyists during the statement period</i>	
Lobbyist Name	Compensation Paid
A. Jennifer Diesman, P.O. Box 860 Honolulu, HI 96808	A. 15,000.00
B. Mark Oto, P.O. Box 860 Honolulu, HI 96808	B. 12,000.00
C.	C.
D.	D.
E.	E.
F.	F.
G. Total from Additional Attached Sheet(s)	G.
Add lines A through G	Total Compensation Paid ▶ 4 27,000.00
5 Fees Paid to Consultants (other than to Lobbyists)	5
6 Entertainment & Events	6
7 Receptions, Meals, Food & Beverages	7 1,016.81
8 Gifts	8 425.00
9 Loans	9
10 Other Disbursements	10
Add lines 1 through 10	Total Expenditures ▶ 28,441.81

**EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY**

List all expenditures incurred for the purpose of lobbying of \$25 or more per person per day during the statement period.

Name & Address	Amount or Value

☐ Check here if additional sheets are attached

**AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON**

List all expenditures incurred for the purpose of lobbying in the total sum of \$150 or more per person during the statement period.

Name & Address	Amount or Value

☐ Check here if additional sheets are attached

**PART II. CONTRIBUTIONS RECEIVED**

List all contributions received for the purpose of lobbying in the total sum of \$25 or more per person during the statement period.

Name & Address	Amount or Value

☐ Check here if additional sheets are attached

**PART III. SUBJECT AREAS OF LOBBYING**

Legislative and/or administrative action in the following areas was supported or opposed during the statement period:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Agriculture                               | <input type="checkbox"/> Education                      | <input checked="" type="checkbox"/> Human Services                          | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities         | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation                       |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs               | <input checked="" type="checkbox"/> Labor & Employment                      | <input type="checkbox"/> Transportation                             |
| <input type="checkbox"/> Culture, Arts, Historic Preservation      | <input checked="" type="checkbox"/> Health              | <input type="checkbox"/> Planning, Land & Water Use Management              | <input type="checkbox"/> Other (indicate below):                    |
| <input type="checkbox"/> Ecology, Energy Environmental Protection  | <input type="checkbox"/> Housing                        | <input type="checkbox"/> Public Safety & Corrections                        |   |

I hereby certify that the statements made above are correct and complete to the best of my knowledge

Mike Gold  
Signature of Authorized Person

Mike Gold

Print Name

5/13/2013

Date

President & CEO

Title